

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** BROMEISL GROUP HOME (510009)

**Address:** 100 W GREENVILLE ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/27/1984

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0094508      **End Date:** 04/04/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094194      **End Date:** 02/28/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Survey ID:** 0094035      **End Date:** 01/12/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006413    Served 01/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/01/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2005	Yes
83.12(5)(b)1	REVIEW RESIDENT ASSESSMENT AND ISP		
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/04/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	03/24/2005	Yes
83.33(2)(a)	SUPERVISION		
83.33(4)(f)	MONITORING SYMPTOM STATUS	04/04/2005	Yes
83.35(3)(a)	MENU PLANNING		
83.41(10)(a)	BUILDING MAINTENANCE	03/24/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

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Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Enforcement History**

**Date: 01/26/2005      SOD #10006413      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
FORFEITURE---83.05(2)(a)  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.12(5)(b)1  
FORFEITURE---83.13(7)(a)9  
FORFEITURE---83.21(4)(w)  
FORFEITURE---83.33(2)(a)  
FORFEITURE---83.33(4)(f)  
FORFEITURE---83.41(10)(a)  
FORFEITURE---83.41(9)  
FORFEITURE---83.42(3)(f)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Complaint History**

**Date Complaint Received: 12/21/2004**

**Date Investigation Completed: 01/12/2004**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	10006413
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10006413
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10006413
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10006413
NUTRITION & FOOD SERVICES	SUBSTANTIATED	10006413
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	10006413
PROGRAM SERVICES	NOT SUBSTANTIATED	

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